

S. No. 2
M-2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

REC'D NOV 12 1943
Registration District No. 707

Primary Registration District No. 3019

Registrar's No. 90

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town Kennett Mo
(c) Name of hospital or institution Prussell Hospital
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____ years, months or days About One Year (Specify whether)

3. (a) PRINT FULL NAME Julius Gerhardt

3. (b) If veteran, _____ name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

(b) Name of husband or wife Elizabeth Gerhardt (c) Age of husband or wife if alive 72 years

7. Birth date of deceased June 28-1860 (Month) (Day) (Year)

8. AGE: Years 83 Months 3 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Wilkeson Mo (City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business _____

12. Name Julius Gerhardt

13. Birthplace Don't Know Germany (City, town, or county) (State or foreign country)

14. Maiden name Mrs. Mary Lampert

15. Birthplace Don't Know Germany (City, town, or county) (State or foreign country)

16. (a) Informant Walter Gerhardt

(b) Address Kennett Mo

17. (a) Burial (b) Date thereof 10-16-43 (Month) (Day) (Year)

(c) Place: burial or cremation Cape Girardeau, Mo.

18. (a) Signature of funeral director John W. W. Co

(b) Address Kennett Mo

19. (a) 10-4-43 (b) Julius Gerhardt (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Douglas
(c) City or town Kennett Mo (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 3 year 1943 hour 9 minute 40 A.M.

21. I hereby certify that I attended the deceased from 10-2-43 to 10-3-43 that I last saw him alive on 10-3-43 and that death occurred on the date and hour stated above.

Immediate cause of death intracranial hemorrhage Stroke

Due to fracture skull

Due to _____

Other conditions Left Shoulder Fract (Include pregnancy within 3 months of death)

Major findings: Left arm, Fract Right Leg

Of operations _____

Of autopsy 170 C-8

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 10-2-43

(c) Where did injury occur? Highway 25-84 1/2 mile East (City or town) (County) Kennett Mo

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway 25-84 1/2 mile East Kennett Mo

While at work? no (Specify type of place) (e) Means of injury auto

23. Signature Dr. H. H. H. H. (M. D. or other) MD

Address Kennett Mo Date signed 10-3-43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Office No. 2,

District File Number 1143-143

Date Filed 11-11-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

Walter G. Hawkins

Licensed Embalmer No.

2002

P. O. Address

Henriett me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.